

Health Committee

Senator Carolyn Allen, Chairman



Heather Owens, Research Analyst

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HEALTH COMMITTEE

LEGISLATION ENACTED

infectious diseases; expedited therapy (S.B. 1078) – Chapter 12

Stipulates that it is not an act of unprofessional conduct for an allopathic, osteopathic or naturopathic physician or a physician assistant to write prescriptions or dispense antimicrobials to a person without first conducting a physical examination of that person or previously establishing a doctor-patient relationship, if the person is believed to have had significant exposure risk because of being a contact of another person who has been diagnosed with a communicable disease by the prescribing or dispensing physician.

Arizona medical board (S.B. 1091) – Chapter 123

Requires a person applying for or renewing a license to practice allopathic medicine to: 1) complete a training unit as prescribed by the Arizona Medical Board; and 2) submit proof of having completed the training unit with the application or renewal form. Specifies that nothing creates a cause of action against any person, facility or program that conducts in good faith an assessment, examination or investigation of a licensee under investigation.

HIV-related testing (S.B. 1113) – Chapter 13

Requires a health care provider to ensure that oral or written informed consent information is provided to the subject of an HIV-related test before the test is ordered, rather than requiring the specific written informed consent of a subject to be on a form prescribed by the Department of Health Services (DHS) or the Department of Insurance, before ordering the test.

Removes the requirement that the Director of DHS provide a written form to all health care providers containing a list of specified informed consent explanations, and eliminates the requirement that a health care provider provide the patient with an explanation of this information. Removes the requirement that the health care provider sign the form provided by DHS and return it to the Director if the health care provider chooses to use oral consent.

physician assistants board; continuation (S.B. 1116) – Chapter 14

Retroactive to July 1, 2008, the Arizona Regulatory Board of Physician Assistants is continued until July 1, 2018.

hospitals; single group licenses (S.B. 1117) – Chapter 292 E

Beginning June 27, 2008, allows a hospital that has terminated operations for no more than 120 days to be relicensed pursuant to the standards that applied under its most recent license if it is relicensed by October 1, 2008.

Allows, in a county with more than 500,000 persons, a hospital and up to ten of its satellite facilities to be issued a single group license by the Department of Health Services (DHS) if the satellite facilities are located farther than one-half mile from the main hospital building. Allows, in a

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county with 500,000 persons or less, DHS to issue a single group license to: 1) a hospital and any number of its satellite facilities located within 35 miles of the main hospital building; and 2) a hospital and up to ten of its satellite facilities that are located farther than 35 miles from the main hospital building.

~~homeopathic medical examiners board; continuation~~ (NOW: homeopathic and integrated medicine examiners) (S.B. 1123) – Chapter 186

Retroactive to July 1, 2008, the Board of Homeopathic and Integrated Medicine Examiners is continued until July 1, 2010.

~~occupational therapy board; omnibus~~ (NOW: omnibus; occupational therapy board) (S.B. 1128) – Chapter 293

Makes numerous changes to the Board of Occupational Therapy Examiners (Board) statutes. The major provisions include:

Duties of the Board – Outlines the duties of the Board's Executive Director. Requires the Board to conduct informal meetings and formal interviews and to prescribe educational programs required for licensure. Allows the Board to consider whether a person has been convicted of a felony or misdemeanor involving moral turpitude in determining whether an applicant is of good moral character.

Changes the supervised fieldwork requirements for an occupational therapist (OT) and an occupational therapy assistant (OTA). Permits the Board to reinstate an expired license if the licensee meets certain requirements. Allows the Board to require the successful completion of a prescribed number of hours of continuing education as a condition of license renewal.

Prohibited Acts – Prohibits an unlicensed person from rendering occupational therapy services and from using any of several specified titles in connection with the person's name or place of business.

Violations and Investigations – Allows the Board to receive written complaints filed against licensees and conduct investigations. Authorizes the Board to conduct an investigation at any time on its own initiative if the Board has reason to believe that there may be a violation of Board statutes. Removes the permission for any person other than an OT, OTA or health care institution to report to the Board any information that appears to show that an OT or OTA may be guilty of unprofessional conduct or may be incompetent. Removes confidentiality restrictions on the identity of a person making a complaint and removes the requirement that the Board keep a complaint confidential until it verifies or substantiates the complaint. Allows the Board to dismiss a complaint if the Board finds a violation that is not of sufficient seriousness to merit a civil penalty or suspension or revocation of a license. Changes procedures for disciplinary hearings.

Specifies that the licensee is responsible for the expense of any competency examinations ordered as a term of probation. Allows the Board to require a licensee who is undergoing probation to regularly report to the Board on matters related to the licensee's probationary requirements.

Miscellaneous – Makes numerous miscellaneous changes, including changes to definitions, the use of Occupational Therapy Fund monies to compensate Board staff, in addition to Board members, continuing education requirements and Board notification of a name change and any

HEALTH COMMITTEE (Cont'd.)

change in business or home address. Stipulates that an OTA is professionally and legally responsible, in addition to an OT, for supervising client care given by nonlicensed employees or volunteers, and permits the Board to take disciplinary action against the OTA, in addition to the OT, if an OTA fails to adequately supervise client care given by employees or volunteers.

occupational therapy board; continuation (S.B. 1129) – Chapter 15

Retroactive to July 1, 2008, the Board of Occupational Therapy Examiners is continued until July 1, 2018.

AHCCCS; DES; new hires directory (S.B. 1133) – Chapter 79

SEE COMMERCE & ECONOMIC DEVELOPMENT COMMITTEE.

naturopathic physicians board (S.B. 1134) – Chapter 16

Changes the name of the Naturopathic Physicians Board of Medical Examiners to the “Naturopathic Physicians Medical Board” (Board).

Authorizes the Board to investigate any person to determine if the person is engaged in the unlawful practice of naturopathic medicine. Requires the Board to inform the person of the alleged violation and permits the Board to refer the matter for prosecution.

Adds to the list of actions constituting unprofessional conduct a failure to include in a patient’s record a signed consent to treatment document that indicates that the patient or the patient’s parent or guardian has been informed of the risk of any treatment and the expected cost, if the treatment is considered experimental or investigational.

Requires an applicant for a license to obtain a passing score on the national examination, rather than a scaled grade average of 75 percent or more with no single grade less than 70 percent.

defibrillators; good Samaritans (S.B. 1141) – Chapter 55

Exempts a Good Samaritan from civil liability when using an automatic external defibrillator to render emergency care or assistance in good faith and without compensation at the scene of any accident, fire or other life-threatening emergency.

~~radiologist assistants~~ (NOW: radiologist assistants; certification) (S.B. 1150) – Chapter 228

Beginning January 1, 2009, requires a person seeking to practice as a radiologist assistant to be certified by the Medical Radiologic Technology Board of Examiners (Board). Establishes educational requirements for radiologist assistants and grandfathers applicants who apply for certification before April 1, 2009, and have completed the required academic program. Requires the Board to adopt rules to include continuing education requirements and any other requirements the Board considers appropriate. Specifies the procedures a radiologist assistant may perform under the direct supervision of a radiologist. Requires the Board to consider guidelines established by certain professional radiology organizations when adopting rules. Prohibits a radiologist assistant from interpreting images, making diagnoses or prescribing medications or therapies. Prohibits any person from claiming to be a radiologist assistant or performing the radiologic procedures authorized for a radiologist assistant without a certificate issued by the Board, unless the person is certified or

HEALTH COMMITTEE (Cont'd.)

licensed or is performing a task as part of an advanced academic program. Authorizes the Board to take disciplinary action against a radiologist assistant.

~~burden of proof; emergency treatment.~~ (NOW: insurance; long-term care) (S.B. 1223) – Chapter 230

Beginning July 1, 2009, restricts an individual from selling, soliciting or negotiating long-term care insurance unless the person is licensed as an insurance producer for accident and health or sickness and has completed required long-term care training. Requires the individual to complete the training through a continuing education course approved by the Department of Insurance.

Applies the following to policies issued after December 31, 2008: 1) prohibits a preexisting condition limitation period in a long-term care insurance policy or certificate from exceeding six months after the effective date of coverage of a person for whom medical advice or treatment was recommended; 2) prohibits an individual long-term care insurance policy or certificate from excluding coverage for a loss or confinement that is the result of a preexisting condition unless it begins within six months after the effective date of coverage; and 3) defines “long-term care partnership program” as a qualified state long-term care insurance partnership that provides for the disregard of any assets in an amount equal to the insurance benefit payments made to an individual who is a beneficiary under a long-term care insurance policy.

homeopathic board; omnibus (S.B. 1236) – Chapter 57

Makes numerous changes to the Board of Homeopathic and Integrated Medicine Examiners (Board) statutes. The major provisions include:

Board Duties – Eliminates the Board’s authority to: 1) accredit homeopathic educational institutions; 2) prescribe by rule procedures that may be performed as minor surgery; and 3) waive the examination requirement for an applicant for licensure.

Licensing – Requires a licensee, beginning January 1, 2010, to include with the renewal form a statement that the licensee has completed at least 20 hours of continuing education in the preceding year. Changes license renewal dates from before January 1 of each year to the month in which the license was initially issued. Prohibits a person from submitting an application for reinstatement or a new application within five years after the person has corrected the conduct and made full legal restitution to the Board’s satisfaction. Exempts from Board regulation the practice of providing treatment of the spiritual vital force in accordance with Hahnemanian principles through the use of remedies that are diluted beyond the concentration of substances in drinking water and prepared in the manner prescribed in the Homeopathic Pharmacopoeia of the United States.

Unprofessional Conduct – Specifies that it is an act of unprofessional conduct to: 1) prescribe, dispense or furnish a prescription to a person unless the licensee first conducts an examination of that person; or 2) fail to obtain informed consent from a patient before an examination or treatment.

Medical Records – Requires a licensee to keep a patient’s medical records for a certain time period.

Miscellaneous – Changes the name of the Board and its association. Removes an uncomplicated vasectomy from procedures that currently may be performed as minor surgery by a homeopathic physician.

HEALTH COMMITTEE (Cont'd.)

behavioral health board; continuation (S.B. 1286) – Chapter 70

Retroactive to July 1, 2008, the Board of Behavioral Health Examiners is continued until July 1, 2013. Requires the Auditor General to complete a performance audit no later than September 1, 2012.

dental board; omnibus (S.B. 1287) – Chapter 191

Makes numerous changes to the Board of Dental Examiners (Board) statutes. The major provisions include:

Regulation of Business Entities – Requires the Board to adopt rules for the regulation of registered business entities, including a method for the Board to receive assistance and advice from registered business entities in all matters relating to the regulation of business entities.

Disciplinary Action – Expands the actions the Board may take if a business entity violates the Board's statutes or rules. Specifies that nothing creates a cause of action against a licensee or registered business entity that makes a report of unprofessional conduct or unethical conduct in good faith. Authorizes the Board to take disciplinary action against a registered business entity for unethical conduct.

Patient Records – Requires a business entity to establish a written protocol for the secure storage, transfer and access of the dental records of patients, including procedures for notifying patients of the future locations of their records if the business entity terminates or sells the practice. Requires a dentist or registered business entity to provide a patient's records within 15 business days of a patient's written request. Requires a registered business entity to retain the original or a copy of a patient's dental records for specified times.

Deceased or Incapacitated Dentists – Requires an administrator or executor of the estate of a deceased dentist or a person who is legally authorized to act for a dentist who has been adjudicated mentally incompetent to notify the Board within 60 days after the dentist's death or incapacitation. Allows the administrator or executor to employ a licensed dentist for no more than one year to continue the dental practice and conclude the affairs of the deceased or incapacitated dentist.

Other – Specifies that a license applicant's diploma must confer a degree of "DDM" or "DDS" and eliminates alternative requirements an applicant must meet if the applicant attends a school not recognized by the Board. Allows a dentist or dental hygienist who is over age 65 and fully retired or permanently disabled to contribute services to a recognized charitable institution for a reduced renewal fee. Requires an applicant for certification to practice denture technology to pass a Board-approved examination and eliminates the requirement that the Board conduct the examination. Increases, from \$100 to \$250, the amount of daily compensation members of the Board are entitled to receive.

AHCCCS; self-directed care services (S.B. 1329) – Chapter 58

Allows a member of the Arizona Long Term Care System to employ another person to provide self-directed attendant care services that would otherwise be considered within the scope of nursing care, under certain conditions.

HEALTH COMMITTEE (Cont'd.)

infection prevention; advisory committee (S.B. 1356) – Chapter 87

Establishes the Infection Prevention and Control Advisory Committee (Committee) to review efforts to address the problem of community and health care associated infections and to make recommendations regarding awareness, education and best practices for the prevention and control of infections. Instructs the Committee to report its findings and recommendations by December 31, 2009, and repeals the Committee on October 1, 2010.

~~AHCCCS; tobacco cessation medication; coverage~~ (NOW: tobacco cessation medication; coverage; AHCCCS) (S.B. 1418) – Chapter 131

Allows the Arizona Health Care Cost Containment System (AHCCCS) Administration, beginning October 1, 2008, to expend monies, other than state General Fund monies, to provide nicotine replacement therapies and tobacco use medications to eligible members under AHCCCS, Arizona Long Term Care System and Medicare programs.

cosmetic procedures; lasers; injections; regulation (S.B. 1419) – Chapter 232

Certification of Laser Technicians – Requires an aesthetician who wishes to perform cosmetic laser or intense pulse light (IPL) device procedures to apply for and receive a certificate from the Arizona Radiation Regulatory Agency (ARRA). Allows an aesthetician or a laser technician who has been using laser and IPL devices before the effective date to continue to do so if the aesthetician or laser technician receives a certificate from ARRA within one year.

Training – Requires an aesthetician or laser technician who wishes to perform cosmetic laser or IPL device procedures to successfully complete specified didactic and hands-on training. Hands-on training must be supervised. Requires a training program to provide a provisional certificate to an applicant verifying the successful completion of didactic training. Requires an aesthetician or laser technician to submit the provisional certificate to ARRA as well as certification by the supervisor of the hands-on training. Requires ARRA to issue a laser technician certificate if the applicant has completed the training and to maintain a current register of laser technicians in good standing and the procedures in which each laser technician is certified.

Supervision – Allows a certified aesthetician or laser technician to use a laser or IPL device under indirect supervision for hair removal procedures or under direct supervision for other cosmetic purposes. Specifies circumstances under which a health professional may supervise a laser technician in the use of a laser or IPL device for cosmetic purposes. Allows only a health professional acting within the health professional's scope of practice to administer or supervise another health professional in the administration of prescription medication or a prescription-only device for a cosmetic purpose.

Investigations and Disciplinary Action – Requires the Board of Cosmetology (Board) to investigate any complaint about a licensed aesthetician who performs cosmetic laser or IPL device procedures and requires the Board to report complaints to ARRA. Specifies ARRA's investigatory and disciplinary responsibilities and requires ARRA to report to the health professional's regulatory board any complaint received about the training or performance of a laser technician. Requires any person who employs a person to operate a laser or IPL device to report any misuse to the operator's regulatory board and to ARRA.

HEALTH COMMITTEE (Cont'd.)

Fees – Allows ARRA to establish a fee for the registration of laser technicians and aestheticians as laser technicians and the issuance of certificates. Establishes the Laser Safety Fund.

nursing programs; jurisdiction (NOW: exemption; nursing assistant programs) (S.B. 1431) – Chapter 211

Exempts from licensure by the State Board for Private Postsecondary Education professional driving training schools and a school that solely provides an instructional program for certified nursing assistants.

blood donors; minors (NOW: minors; blood donors) (S.B. 1449) – Chapter 17

Allows a competent person who is at least 18 years old to donate blood and allows a minor who is 16 or 17 years of age to donate blood only with the written consent of the minor's parent or legal guardian.

acupuncture board; continuation (H.B. 2019) – Chapter 19

Retroactive to July 1, 2008, the Acupuncture Board of Examiners is continued until July 1, 2018.

pharmacy board; omnibus (H.B. 2020) – Chapter 20

Exempts from pharmacist licensure requirements a person who manufactures drugs and holds the required permit issued by the Arizona State Board of Pharmacy but is not a pharmacist. Alters requirements for the display of a pharmacist's license for public review.

state hospital employees; disease testing (H.B. 2036) – Chapter 203

Allows an employee of the State Hospital to petition the court for an order authorizing testing of another person for HIV, common blood borne diseases or other diseases specified in the petition if: 1) there are reasonable grounds to believe an exposure occurred; and 2) the person is a patient who is confined to the State Hospital and who is alleged to have interfered with the official duties of the State Hospital employee by biting, scratching, spitting or transferring blood or other bodily fluids on or through the skin or membranes of the employee.

community colleges; equalization; technical correction (NOW: graduate medical education; federal match) (H.B. 2208) – Chapter 158

Allows local governments to provide monies for graduate medical education (GME) in order to qualify for federal matching monies for costs incurred pursuant to a specific contract between the Arizona Health Care Cost Containment System (AHCCCS) Administration and providers or other entities to provide GME services as an administrative activity. Requires the AHCCCS Administration and the Centers for Medicare and Medicaid Services to approve the administrative GME services.

osteopathic board; omnibus (H.B. 2268) – Chapter 100

Makes numerous changes to the Arizona Board of Osteopathic Examiners in Medicine and Surgery (Board). The major provisions include:

HEALTH COMMITTEE (Cont'd.)

Duties of the Board and Executive Director – Changes timeframes for deleting the public record of a complaint filed against a licensee. Requires the Board to maintain a public directory, rather than a roster, of all physicians and surgeons who are or were licensed by the Board and specifies the information the directory must include. Eliminates certain duties of the Board and delegates specified tasks to the Executive Director. Allows the Board to issue an administrative warning under specified circumstances.

Training Permits – Allows, rather than requires, the Board to grant a training permit to: 1) a person participating in an internship, residency or clinical fellowship training program; or 2) a person who is not licensed in Arizona and who is participating in a short-term training program of four months or less for continuing medical education conducted in an approved school or hospital. Allows the Board to grant an extension of the training permit under certain circumstances and limits the practice of a permittee with an extended permit.

Retired Physicians – Allows the Board to waive a retired physician's biennial renewal fee under certain conditions and exempts a retired physician from any continuing medical education requirements. Authorizes a retired physician whose biennial fee has been waived to perform volunteer work of not more than ten hours each week and to teach or provide instruction at an approved school of osteopathic medicine. Authorizes the Board to reinstate a retired physician to active status if the physician meets specified requirements and allows the Board to issue a limited license if an applicant for reinstatement to active status has not been licensed in another jurisdiction of the U.S. or Canada in the previous three years.

Dispensing of Drugs and Devices – Specifies that a physician who registers with the Board to dispense drugs and devices must do so annually. Exempts a dispensing physician from the registration fee if the physician is dispensing in a nonprofit practice and neither the patient nor a third party pays or reimburses the physician or the nonprofit practice for the drugs or devices dispensed. Removes the requirement that a physician provide direct supervision of a nurse or attendant involved in the dispensing process. Requires a physician to notify the Board in writing of the remaining inventory of drugs and devices if the physician fails to renew a registration to dispense or ceases to dispense for any reason.

nursing care administrators; disciplinary actions (H.B. 2274) – Chapter 44

Allows the Board of Examiners of Nursing Care Institution Administrators and Assisted Living Facility Managers (Board) to take disciplinary action against a nursing care institution administrator (administrator) or assisted living facility manager (manager) without conducting a formal hearing if the administrator or manager fails to respond to notice of the hearing within 35 days. Extends the time period for the Board to send a copy of a complaint attached to an order of the time and place for a hearing and lengthens the time period for an administrator or a manager to respond to a written notice of disciplinary action. Requires the Board to consider an administrator's or manager's failure to respond to the notice within 35 days as an admission by default to the allegations stated in the complaint and allows the Board to set aside an admission by default if the administrator or manager demonstrates certain conditions within 180 days.

~~domestic relations; temporary orders~~ (NOW: budget reconciliation; health) (H.B. 2275) – Chapter 288

SEE APPROPRIATIONS COMMITTEE.

HEALTH COMMITTEE (Cont'd.)

behavioral health examiners; omnibus (H.B. 2325) – Chapter 134 RFE

Subject to the requirements for enactment (Proposition 108), which requires the affirmative vote of at least two-thirds of the members of each house of the Legislature, beginning April 29, 2008, increases the maximum fee the Board of Behavioral Health Examiners (Board) may charge for initial issuance or renewal of a license.

Allows the Board to establish a confidential program to monitor chemically dependent licensees who enroll in a rehabilitation program. Authorizes the Board to take further action if the licensee refuses to enter into a stipulated agreement or fails to comply with the terms of an agreement and exempts from confidentiality requirements a licensee who does not comply with the agreement.

Allows the Board to issue a reciprocal license to a person who is licensed or certified in behavioral health by another state regulatory agency and who meets certain requirements. Requires a person issued a reciprocal license to practice only under the direct supervision of a licensee. Allows a person with a reciprocal license to apply for a regular license if the person completes a specified amount of supervised work experience and demonstrates competency to practice behavioral health as determined by the Board.

Allows, beginning January 1, 2009, a person who wishes to be licensed as a substance abuse technician to fulfill the educational requirement with a bachelor's degree in a behavioral science with an emphasis on counseling.

Requires the Board to accept, expend and account for any contributions, money or property from any public or private source and requires the monies to be deposited in special funds for the purpose specified.

emergency medical services; protocols (H.B. 2365) – Chapter 103 E

Beginning April 28, 2008, requires the Emergency Medical Services (EMS) Council to recommend standards to allow an ambulance to transport a patient to a health care institution that is licensed as a special hospital and that is physically connected to an emergency receiving facility.

Specifies that data collected by the Department of Health Services (DHS) or a political subdivision for the EMS system or trauma system is available to the public except for patient records and data collected for quality assurance review. Allows DHS to authorize entities to use State Trauma Registry data for certain purposes. Specifies that individually identifying information collected by the State Trauma Registry is confidential and that a disclosure of confidential information is a class 3 misdemeanor. Requires DHS to provide quarterly trauma system data reports to each designated trauma center, in addition to each hospital, submitting data.

Adds representatives to the Trauma Advisory Board.

DHS; licensing; electronic licensing (H.B. 2366) – Chapter 66 E

SEE PUBLIC SAFETY & HUMAN SERVICES COMMITTEE.

health care institutions; definitions (H.B. 2367) – Chapter 270

Removes and modifies several definitions relating to the Department of Health Services.

HEALTH COMMITTEE (Cont'd.)

stretcher vans; transport of patients (H.B. 2408) – Chapter 106

Specifies that a stretcher van may transport a person if the person does not require medical monitoring enroute to the destination facility. Prohibits a stretcher van or wheelchair van from transporting a person who is being medically monitored at the sending facility and will continue to be medically monitored at the destination facility.

ambulance rates; adjustments (H.B. 2409) – Chapter 67

Changes the formula for calculating whether an increase in ambulance rates requires a public hearing by using the percentage growth in the Transportation Consumer Price Index of the U.S. Department of Labor, Bureau of Labor Statistics, instead of the percentage growth in the GDP Price Deflator.

~~misconduct involving weapons; ammunition~~ (NOW: special health care districts; terms) (H.B. 2481) – Chapter 304

Requires the board of directors of a special health care district to serve staggered four-year terms, except that the term for directors elected from supervisorial districts 3 and 4 at the 2008 general election is two years.

durable medical equipment; report (H.B. 2503) – Chapter 180

Requires the Director of the Arizona Health Care Cost Containment System (AHCCCS) Administration to submit a written report to the Governor and Legislature by November 15, 2008, that contains specified information relating to durable medical equipment and persons who receive services from AHCCCS and the Arizona Long Term Care System.

birth defects; folic acid supplements (H.B. 2521) – Chapter 52

Allows the Department of Health Services (DHS) and the Arizona Early Intervention Program to use data in the Chronic Disease Surveillance System to notify families of children with birth defects about available services. Requires DHS to authorize other entities, in addition to local health departments, to distribute folic acid supplements and provide counseling and information services.

food safety regulation (H.B. 2582) – Chapter 149

SEE GOVERNMENT COMMITTEE.

insurance contracts; small employer coverage (H.B. 2658) – Chapter 118

SEE COMMERCE & ECONOMIC DEVELOPMENT COMMITTEE.

~~technical correction; hearing evaluation~~ (NOW: physician assistants; qualifications) (H.B. 2682) – Chapter 167

Allows the Arizona Regulatory Board of Physician Assistants (Board) to consider the license application of a person who: 1) was the subject of disciplinary action in another jurisdiction if the applicant's act or conduct was subsequently corrected, monitored and resolved to the satisfaction of

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that jurisdiction's regulatory board; or 2) surrendered, relinquished or gave up a license in lieu of disciplinary action by a regulatory board in another jurisdiction if that regulatory board subsequently reinstated the applicant's license. Requires the Board to either grant or deny a license to an applicant after receiving a completed application. Requires the Board, if an applicant has submitted an incomplete application, to promptly notify the applicant, in writing, of the deficiencies in the application.

newborns; testing; confidentiality (H.B. 2802) – Chapter 225

Requires the Director of the Department of Health Services to designate the State Laboratory as the only testing facility for the newborn screening program. Specifies that test results in the newborn screening program are confidential and may only be released to certain individuals.

patient care; presumptions (H.B. 2823) – Chapter 281

Requires the superior court, upon the filing of a petition, to enter a temporary order directing compliance with the prohibition on a surrogate, who is not the patient's agent or guardian, making decisions to withdraw the artificial administration of food or fluid. The notice of the temporary order must be provided by personal service on the surrogate, the patient, the health care providers immediately responsible for the patient's care and other persons as required by the superior court. Removes the requirement that only if no other person has assumed financial responsibility for a patient may a health care provider contact a patient's domestic partner to serve as a surrogate.

~~autism; covered benefit denial prohibited~~ (NOW: autism; covered benefit denial prohibition) (H.B. 2847/S.B. 1263) – Chapter 4

Prohibits, beginning July 1, 2009, certain health insurers from excluding or denying coverage for a treatment or imposing cost-sharing measures based solely on the diagnosis of an Autism Spectrum Disorder (ASD) or excluding or denying coverage for medically necessary behavioral therapy services. Exempts the following from these requirements: 1) individual or small employer policies; 2) limited benefit coverage; 3) long-term care insurance, life insurance and annuities offered by a group disability insurer; and 4) services provided outside of Arizona.

Requires behavioral therapy services to be provided or supervised by a licensed or certified provider in order to be eligible for coverage. Limits coverage for behavioral therapy to: 1) a \$50,000 maximum benefit per year for an eligible person up to the age of nine; and 2) a \$25,000 maximum benefit per year for an eligible person who is between the ages of 9 and 16.

Requires the act to be known as "Steven's Law."

LEGISLATION VETOED

~~behavior analysts; behavioral health board~~ (NOW: board of behavior analysts) (H.B. 2470) – VETOED

Establishes the Behavior Analyst Board (Board) to regulate the practice of behavior analysis. Requires the Executive Director of the Board of Chiropractic Examiners to serve as the Executive Director of the Board, and requires the staff of the Board of Chiropractic Examiners to carry out the administrative responsibilities of the Board. Enumerates duties of the Board. Requires, beginning

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January 1, 2010, a person who wishes to practice as a behavior analyst to be licensed by the Board. Outlines educational and training requirements of behavior analysts.

The Governor indicates in her veto message that the costs of operating the proposed Board would exceed any reasonable fees that could be collected from the current number of potential licensees. She suggests that behavior analysts instead consider licensure by the existing Board of Behavioral Health Examiners or the Board of Psychologist Examiners.